

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Ambulance Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No. 02-55 MAA**  
**Issued:** June 21, 2002

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject: Vendor Rate Increase for Ambulance Services**

**Effective for dates of service on and after July 1, 2002**, the Medical Assistance Administration (MAA) will implement a one-and-one-half (1.5) percent vendor rate increase for fee-for-service programs, as authorized by the 2002 Supplemental Appropriations Act.

Based on input from the Washington Ambulance Association (WAA), MAA will implement the following rate changes for ambulance services:

- The amount of the vendor rate increase allocated for ground ambulance services will be applied entirely to the base rates (first client only); and
- The amount of the vendor rate increase allocated for air ambulance services will be applied entirely to the liftoff fees.

The effective rate increases resulting from these actions are:

- For ground ambulance, an average increase of 2.4% for the ALS and BLS base rates; and
- For air ambulance, 4.6% and 3.7% increases, respectively, for the fixed wing and rotary liftoff fees.

**Rates for all other ground and air ambulance procedure codes are unchanged.**

Attached are replacement pages D.5/D.6 and E.3/E.4 for your Ground and Air Ambulance Medical Transportation Billing Instructions, dated July 2000. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedule link).

Bill MAA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.



## Ground and Air Ambulance Medical Transportation

When billing MAA, the provider must send justification of the unusual circumstance that warranted the need for an extra attendant.

**For example:** A suspected heart attack client in most cases would not be viewed as unusual or require or warrant the need for an extra attendant. Although, if the suspected heart attack client was extremely obese or mentally disturbed, an extra attendant may be warranted provided documentation clearly indicates the **need** for such services.

## Modifiers

The following modifiers are single-digit modifiers used in combination. The first digit indicates the transport's place of origin. The destination is indicated by the second digit. You must enter these modifiers in field 24D on the HCFA-1500 claim form.

Providers must use a combination of **two digits** to identify origin and destination (e.g., 0002A NH, 0007A NH):



**Note:** Complete addresses for origin and destination must be kept in the client's file and available for review.

<b>D</b>	Diagnostic or therapeutic site other than "P" or "H" when used as origin codes
<b>E</b>	Residential, domiciliary, custodial facility
<b>G</b>	Hospital-based dialysis facility (hospital or hospital-related)
<b>H</b>	Hospital
<b>I</b>	Site of transfer (e.g., airport or helicopter pad) between types of ambulance
<b>J</b>	Non-hospital based dialysis facility
<b>N</b>	Skilled nursing facility (SNF)
<b>P</b>	Physician's office (includes HMO non-hospital facility, clinic, etc.)
<b>R</b>	Residence
<b>S</b>	Scene of accident or acute event
<b>X</b>	(Destination code only) Intermediate stop at physician's office on the way to hospital

**Providers must bill all services associated with the same ambulance transport using the same two-digit modifier. Exception: state-unique procedure code 0013A and 0014A (deceased transport codes) do not require modifiers.**

# Fee Schedule

**Modifiers required on all codes except 0013A and 0014A.**  
**See *Modifiers*, page D.5 for descriptions.**

State-Unique Procedure Code	Description	Maximum Allowable Fee
<b><u>Basic Life Support</u></b>		
0002A	Basic Life Support (BLS), base rate, one way, one client. <b>Modifier Required.</b>	\$95.31
0004A	Basic Life Support (BLS) return pick-up or second BLS transport, same client, same 24-hour period (rate includes waiting time). <b>Modifier Required.</b>	\$95.31
0003A	Basic Life Support (BLS), third transport, same client, same 24-hour period, justification required. <b>Modifier Required.</b>	\$95.31
0013A	Basic Life Support (BLS) services provided on scene, client dies before transport. Includes supplies used at scene, no mileage allowance.	\$95.31
<b><u>Advanced Life Support</u></b>		
0001A	Advanced Life Support (ALS), base rate, emergency transport, one way, one client. <b>Modifier Required.</b>	\$137.40
0015A	Advanced Life Support (ALS) return pickup or second ALS transport, same client, same 24-hour period (rate includes waiting time). <b>Modifier Required.</b>	\$137.40
0014A	Advanced Life Support (ALS) services provided on scene, client dies before transport. Includes supplies used at scene, no mileage allowance.	\$137.40

## Air Ambulance Services from Out-of-State Treatment to In-State Treatment

- MAA considers transfers from out-of-state facilities on a case-by-case basis. The client's medical provider (hospital or attending physician) must submit a written request for prior authorization of the in-state treatment to:

Division of Health Services Quality Support  
Quality Review Services Section  
(360) 725-1555 (phone)  
(360) 586-1471 (fax)

After authorization is received from MAA for the in-state treatment, call the Professional Reimbursement Section at 360-725-1835 to arrange for air ambulance transport.

- MAA uses commercial airline companies whenever the client's medical condition allows.



**Please Note:** MAA holds air ambulance providers to the contractually agreed upon rate for each medically necessary, interstate air ambulance trip MAA prior authorizes. Therefore, providers should maintain close contact with the discharging and/or receiving facilities to ensure proper coordination of the client transfer process.



**Example:** When flying to another state to pick up a client, an air ambulance provider should maintain contact with the facility providing medical services to the client in case the client has a setback and is unfit for transport. This will help ensure that the provider does not reach the facility only to have to leave without the client and return later for pickup, thus being reimbursed for only one trip when two were made.

# Fee Schedule

MAA assumes that all air transports are ALS, which is taken into consideration in the rates. There is no separate reimbursement for equipment and supplies such as incubators, dressings, or oxygen tanks. The base rate includes these costs.

State-Unique Procedure Code	Description	Maximum Allowable Fee
0503A	Fixed wing lift-off, per client transported.	\$473.63
0504A	Rotary lift-off, per client transported.	\$447.28
0510A	Fixed-wing mileage, one way, per flight, equally divided by the number of clients transported.	\$5.50/ air mile
0511A	Rotary mileage, one way, per flight, equally divided by the number of clients transported.	\$13.31/ air mile



**Note:** MAA conducts post-pay reviews. Based on information available at the time of service, MAA may determine that ground ambulance transport would have been sufficient. If this happens, MAA pays the rate for ALS ground service, if less costly.

**The need for air ambulance transport must be clearly documented in the ambulance provider's records.**